Nunatsiavut Dept. of Health and Social Development

Incident/Injury Report

Name of Child Care Centre: _____

Child's Name: _____ Age: _____ Date: _____

Time of Accident: _____

List staff Present _____ Number of Children _____

Description of Incident/injury:
_____

_____

Was First Aid given: Describe:
_____

_____

Who Administered First Aid? _____

Check all that apply

Location

- ❑ Bathroom
- ❑ Hallway
- ❑ Infant room
- ❑ Playground
- ❑ Preschool room
- ❑ School-Age room
- ❑ Stairway
- ❑ Toddler room
- ❑ Walkway

Markings

- ❑ Abrasion
- ❑ Bump
- ❑ Red Mark
- ❑ Sprain (suspected)

❑ Bite	❑ Cut/Tear	❑ Rug Burn	❑ Other _____
❑ Bruise	❑ Fracture (suspected)	❑ Scratch	

Body part

❑ ***Left***	❑ Buttock	❑ Eye	❑ Heel	❑ Neck	❑ Teeth
❑ ***Right***	❑ Cheek	❑ Finger	❑ Hip	❑ Nose	❑ Toe
❑ Ankle	❑ Chin	❑ Forehead	❑ Knee	❑ Penis	❑ Tongue
❑ Arm	❑ Ear	❑ Hand	❑ Leg	❑ Shoulder	❑ Vagina
❑ Back	❑ Elbow	❑ Head	❑ Lips	❑ Stomach	❑ Wrist

Notification

Parent Called - Time: _____
By whom: _____

Was any further action taken?
i.e child sent to clinic? Or taken home?

Any Comments:

Staff's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Note: One copy put in child's file. One copy provided to Parent . Licensed centres must send copy to Regional Child Youth and Family Services worker. If applicable- send a copy to Child Protection Services.